



Minnesota Department of Labor and Industry

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SUPPLEMENT TO APPLICATION FOR EMPLOYMENT AT LESS THAN MINIMUM WAGE

(This form is strictly confidential and is not to be shown to the employee)

All dates must be entered in mm/dd/yyyy

Firm name	Date		
Firm address	City	State	ZIP code
Describe limitation in detail:			
How does the limitation affect performance?			
How does the limitation affect the applicant's earning capacity?			

I certify that to the best of my knowledge and belief, all of the above statements are true and accurate.

Signature of employer	Title of employer
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Subscribed and sworn to before me

this _____ day of _____, 20_____.

Notary public

(This form must be accompanied by form LI-80014-01)